FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1			ORGANIZATION						
				(See instruct	ions)			Office	use only
	AME OF OMMITTEE (ir	n full)		(Check if name is changed)		mple: If typying, type the lines	12FE4	·M5	
LLG	eneral Aton	nics Pol	itical Actio	n Committee					
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ADDR	ESS (number and	d street)	P.O. I	3ox 85608					
	(Check if addre	SS							
	is changed)		San Diego CA						92186
					CITY		STATE	•	ZIP CODE 📥
COMM	//ITTEE'S E-M	AIL ADDF	ESS (Please	provide only one	e-mail addr	ess)			
П	(Check if address is changed)		karen	.baldwin@ga	t.com				
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	(Check if addre is changed) OATE M 0	M / 1	D D / Y	[°] 2 0 0 9 °	111				
3. F l	EC IDENTIFIC	ATION N	UMBER		C COC	215285			
4. IS	S THIS STATE	MENT	X NEW	(N) OR		AMENDED (A)			
I certify	that I have exar	nined this	Statement and	to the best of my k	nowledge ar	d belief it is true, correct a	nd complete		
Туре с	or Print Name o	f Treasure	er K	aren A. Baldw	<u>vin</u>				
Signat	ure of Treasure	er El <u>ec</u>	tronically Filed	by Karen A	Baldwin		Date	0 3 /	19 / Y Y Y Y O 9
NOTE:	Submission of f	alse, erron				he person signing this Sta			2 U.S.C. S437g.
	Office Use Only					For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100			EC FORM 1 (Revised 02/2009)